

Montana Medicaid - Fee Schedule Non-Emergency Transportation

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
A0090		INTEREST ESCORT IN NON ER PER MILE	2/1/2003	FEE SCHED	\$0.13	Y
A0130		NONEMERGENCY TRANSPORTATION WHEELCHAIR VAN	7/1/2002	FEE SCHED	\$10.30	
Z0009		WAITING TIME - OVER 16 MILES - 15 MINUTE INTERVALS	7/1/2002	FEE SCHED	\$1.29	
Z0010		UNLOADED MILEAGE-OVER 16 MILES/MUST EXCEED 10% OF LOADED MI.	7/1/2002	FEE SCHED	\$0.32	
Z0011		GROUND TRANSPORTATION OVER 16 MILES - SPECIALIZED PER MILE	7/1/2002	FEE SCHED	\$0.66	